

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6204</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Lynn D Tucker Jr. P.O. Box, Bldg., Room No., if any Executive Plaza III Street 135 Merchant Street, Ste. 265 City Cincinnati State Ohio ZIP Code + 4 45246-3734	4. Name, file number, and address of labor organization. Name Int'l Assoc. of Machinists & Aerospace Workers Labor Organization File Number 000-107 P.O. Box, Building and Room Number, if any Street 9000 Machinists Place City Upper Marlboro State Maryland ZIP Code + 4 20772
5. Position in labor organization. General Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

8-10-05
Date

513-772-9310
Telephone Number

Name of Person Filing Lynn Tucker Jr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave., Ste. 300

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Jointly Trusted Fund - Provides Pension Benefits to IAM represented employees.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

IAM National Pension Fund Meetings (January, April, June, October)

Reimbursement of Expenses.
Meals while in attendance.

12.b. Amount

\$7,580

Name of Person Filing Lynn Tucker Jr.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Benefit Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave., Ste. 300

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Jointly Trusted Fund - Provides health and Welfare Benefits to IAM represented employees.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

IAM BEnefit Trust Fund Meetings (April & October)

Reimbursement of Expenses.

Meals while in attendance.

12.b. Amount

\$1,274

Name of Person Filing Lynn Tucker Jr.	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Harbaugh Hotel Management Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1600 N. Indian Avenue</p> <p>City Palm Springs</p> <p>State California ZIP Code + 4 92262</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Hotel provides conference, lodging, and meeting services to the Union.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Gift basket while attending an IAM event - Feb. 2004</p> <p>12.b. Amount. \$40</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Lynn Tucker Jr.

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name O'Donoghue & O'Donoghue

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4748 Wisconsin Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Law firm provides legal services to the Union and the Pension Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals while attending IAM National Pension Fund Meeting - April.

12.b. Amount

\$242

Name of Person Filing Lynn Tucker Jr.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 M Street, N.W., Ste. 800

City Washington

State District of Columbia ZIP Code + 4 20037

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave., Ste. 300

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Firm provides investment management services to the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner - 10/26/04

12.b. Amount

\$200

Name of Person Filing Lynn Tucker Jr.

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8. Name and address of Business (including trade name, if any).

Name Guerrieri, Edmond, Clayman & Bartos

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1625 Massachusetts Ave. N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-7420

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Law firm provides legal service to the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Fruit Basket

12.b. Amount

\$42

Name of Person Filing Lynn Tucker Jr.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Drive

City Cheverly

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Company provides printing services to the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Ham

12.b. Amount

\$67